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FEC FORM 2

STATEMENT OF CANDIDACY

							=			
1.	(a) Name of Candidate (in full)									
	Brooks, Susan, , Mrs.,		book if addra	aa ahanaad		2. Condidate's EEC Identification Number	_			
	(b) Address (number and street) 13406 Birkenhead Street		Check if addre	ss changed		Candidate's FEC Identification Number H2IN05082				
	(c) City, State, and ZIP Code					3. Is This New Amended				
	Carmel		IN	4603	2-8387	Statement (N) OR (A)				
4.	Party Affiliation	5. Office Soug	ght			trict of Candidate				
	REPUBLICAN PARTY	House			IN	05				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following na	med political co	ommittee as n	ny Principal (Campaign Comr	mittee for the $\frac{2018}{\text{(year of election)}}$ election(s).				
	NOTE: This designation should be	filed with the ap	opropriate offi	ce listed in t	ne instructions.		_			
	(a) Name of Committee (in full)	rooko								
	Friends of Susan B	OOKS								
	(b) Address (number and street)						_			
	9425 N Meridian St # 237									
	(c) City, State, and ZIP Code						_			
	Indianapolis				IN	46260-1308				
							_			
	DE	CICNATIO	N OF OT	HED VII.	TUODIZED	COMMITTEES				
	DE			_	g Representativ					
8	I hereby authorize the following par	ned committee	which is NO	T my princip	al campaign con	mmittee, to receive and expend funds on behalf of my				
0.	candidacy.		, Willow 10 110	r my princip	ar campaign con	minutes, to receive and expend fance on bondin or my				
	NOTE: This designation should be	iled with the pr	incipal campa	nign committe	ee.					
	(a) Name of Committee (in full)						_			
	2016 Brooks and Yo	ouna Hoo	sier Rep	ublican	Victory Fu	ınd				
	2010 210010 4114 1	oung moo	olol I top	abiloali	violoty i a					
	(b) Address (number and street) 4703 Woodway Lane NW						_			
	(c) City, State, and ZIP Code									
	Washington				DC	20016				
							_			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
	gnature of Candidate					Date	•			
Bi	rooks, Susan, , Mrs.,			[Elect	tronically Filed]	11/23/2016				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
							-			

FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F2N Transaction ID :

Form/Schedule: Transaction ID:

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)		Page 3 /
	OF OTHER AUTHORIZED COMMITTEES cluding Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is candidacy.	NOT my principal campaign committee, to receive and expend funds o	n behalf of my
NOTE:This designation should be filed with the pri	rincipal campaign committee.	
(a) Name of Committee (in full)		_
Health First Committee		
(b) Address (number and street) P.O. Box 30844		
(c) City, State and ZIP Code		_
Bethesda	MD 20824	
	I OF OTHER AUTHORIZED COMMITTEES ncluding Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is candidacy.	NOT my principal campaign committee, to receive and expend funds of	n behalf of my
NOTE:This designation should be filed with the pr	rincipal campaign committee.	
(a) Name of Committee (in full)		
Brooks-Walorski Joint Fundrais	sing Committee	
(b) Address (number and street) 4703 Woodway Lane NW		
(c) City, State and ZIP Code		
Washington	DC 20016-3240	
	OF OTHER AUTHORIZED COMMITTEES acluding Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is candidacy.	NOT my principal campaign committee, to receive and expend funds of	n behalf of my
NOTE: This designation should be filed with the pr	rincipal campaign committee.	
(a) Name of Committee (in full)		
Messer-Brooks Joint Fundraisi	ing Committee	
(b) Address (number and street) 4703 Woodway Ln NW		
(c) City, State and ZIP Code		
Washington	DC 20016-3240	

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)		Page 4 /
	F OTHER AUTHORIZED COMMITTEES ding Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NO candidacy.	T my principal campaign committee, to receive and expend funds o	n behalf of my
NOTE:This designation should be filed with the princ	cipal campaign committee.	
(a) Name of Committee (in full)		_
Longhorn Innovation 2016		
(b) Address (number and street) PO Box 2485		
(c) City, State and ZIP Code		
Springfield	VA 22152-0485	
	OF OTHER AUTHORIZED COMMITTEES uding Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NC candidacy.	DT my principal campaign committee, to receive and expend funds o	on behalf of my
NOTE:This designation should be filed with the princ	cipal campaign committee.	
(a) Name of Committee (in full)		
Team Telluride		
(b) Address (number and street) 824 S Milledge Ave		
Auite 101		
(c) City, State and ZIP Code Athens	GA 30605-1332	
	OF OTHER AUTHORIZED COMMITTEES uding Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NC candidacy.	DT my principal campaign committee, to receive and expend funds o	on behalf of my
NOTE:This designation should be filed with the prince	cipal campaign committee.	
(a) Name of Committee (in full)		
Brooks-Bucshon Joint Fundraisi	ng Committee	
(b) Address (number and street) 4703 Woodway Ln NW		
(c) City, State and ZIP Code		
Washington	DC 20016-3240	